

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/825,088-Conf. #7165
		Filing Date	April 15, 2004
		First Named Inventor	David Sperduti
		Examiner Name	O. G. Ade
		Art Unit	3687
TOTAL AMOUNT OF PAYMENT		(\$)	1,300.00
		Attorney Docket No.	H28240

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0289</u> Deposit Account Name: <u>Mariama Muldoon Blasiak & Sullivan LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims <u>0</u> - 20 or HP = <u>0</u>	Extra Claims <u>0</u>	Fee (\$) <u>52.00</u>	Fee Paid (\$) <u>0.00</u>	Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims <u>0</u> - 3 or HP = <u>0</u>	Extra Claims <u>0</u>	Fee (\$) <u>220.00</u>	Fee Paid (\$) <u>0.00</u>	
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets _____	Extra Sheets _____	Number of each additional 50 or fraction thereof _____ / 50 = _____ (round up to a whole number)	Fee (\$) _____	Fee Paid (\$) _____
_____ - 100 = _____				
4. OTHER FEE(S)				
Non-English Specification, \$130 fee (no small entity discount)				810.00
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...				490.00
1252 Petition For Extension of Time				_____

SUBMITTED BY			
Signature	/George S. Blasiak/	Registration No. (Attorney/Agent)	37,283
Telephone	(315) 425-9000		
Name (Print/Type)	George S. Blasiak		Date
		August 13, 2009	

Fee Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: August 13, 2009	Electronic Signature for Barbara A. Saltzman: /Barbara A. Saltzman/